

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15821

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 4th NE Tuna		d. STREET ADDRESS (If rural, give location) 4 NE Tuna, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Ray c. (Last) Childs		4. DATE OF DEATH (Month) (Day) (Year) June 6 - 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Childs	8. DATE OF BIRTH March 8 - 1948
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 4 Months 2 Days 28 Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME Raymond Childs	13b. MOTHER'S MAIDEN NAME Viola Smith Childs	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Raymond Childs ADDRESS Hale Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowned		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in pond on Home Farm. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9291 22			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Herricks tw. Carroll Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 117

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **June 6, 1952**, and that death occurred at **6:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Hiskerson	23b. ADDRESS Logansport Mo	23c. DATE SIGNED June 6 - 52
24a. BURIAL OR CREMATION (Specify) Buried	24b. DATE 6/8/1952	24c. NAME OF CEMETERY OR CREMATORY Coloma
24d. LOCATION (City, town, or county) (State) Tuna Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Quisenberry ADDRESS Tuna Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 5-8 1952 Mrs Rex Henderson	49-0	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Clyfford W. Austin

Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.